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To:	Commissioner for Patents	From:	Robert A. Mazzaresse
Fax:	(571) 273-8300	Fax:	(781) 644-6137
Phone:		Phone:	(781) 453-9993
<hr/>			
Date:	6/8/2007		
Subject:	Revocation and New POA		

Comments:

Inventor:	Frangioni
Serial No:	10/507,253
Filed:	March 21, 2005
For:	MEDICAL IMAGING SYSTEMS
Examiner:	LEACH, CRYSTAL L.
Art Unit:	3737

JUN 08 2007

Docket No.: BIDM-0001-P01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Frangioni
Serial No: 10/507,253
Filed: March 21, 2005
For: Medical Imaging Systems
Examiner: Leach, Crystal L.
Art Unit: 3737

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is transmitted via facsimile to the Commissioner for patents at (571) 273-8300 on June 8 2007.

/Robert Mazzarese/

Robert A. Mazzarese

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Revocation and New Power of Attorney for entry into the above case. Pursuant to attached document, kindly take the following actions:

1. Revoke any existing powers of attorney, and appoint **all practitioners associated with PTO Customer No. 43520** to prosecute this application, and to transact all business in the Patent and Trademark Office in Connection therewith.
2. Direct all correspondence in this case to **Customer No. 43520**.
3. Change the attorney docket number in this case from BIDM-P01-012 to **BIDM-0001-P01**.

Please contact the undersigned if there are any questions relating to this submission.

Respectfully submitted,

Strategic Patents, P.C.

By: 

Robert A. Mazzarese
Reg. No. 42,852
(781) 453-9993

Date: June 8, 2007

REVOCATION AND POWER OF ATTORNEY
For BETH ISRAEL DEACONESS MEDICAL CENTER

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REVOCATION AND NEW POWER OF ATTORNEY
and
CERTIFICATE UNDER 37 CFR § 3.73(b)
and
CHANGE OF CORRESPONDENCE ADDRESS
and
REQUEST TO CHANGE ATTORNEY DOCKET NUMBER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REVOCATION AND NEW POWER OF ATTORNEY

In accordance with 37 C.F.R. Section 1.36, M.P.E.P. Section 402.05 and 402.07, please revoke any existing Powers of Attorney and appoint the following attorneys and/or patent agents to prosecute the applications identified in Appendix A hereto, and to transact all business in the Patent and Trademark Office in connection therewith:

All practitioners associated with PTO Customer No. 43520

CERTIFICATE UNDER 37 CFR § 3.73(b)

Both Israel Deaconess Medical Center hereby certifies that it is the assignee of the entire right, title and interest in the patent application identified in Appendix A by virtue of assignment from the respective inventor. Appendix A includes a reel and frame number for the assignment of each application identified therein. To the best of my knowledge and belief, title is in Beth Israel Deaconess Medical Center, the assignee.

Pursuant to 37 C.F.R. §3.73(b) I hereby declare that I, Christine Jost, am empowered to sign this certificate on behalf of Beth Israel Deaconess Medical Center, the assignee.

REVOCATION AND POWER OF ATTORNEY
For BETH ISRAEL DEACONESS MEDICAL CENTER

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CHANGE OF CORRESPONDENCE ADDRESS

Please direct all correspondence in the applications and patents identified in Appendix A to:

Customer No. 43520

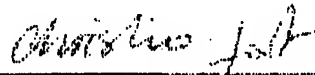
REQUEST TO CHANGE ATTORNEY DOCKET NUMBER

Please change the attorney docket number associated with each of the patents and applications identified in Appendix A to the number listed under the heading, "New Atty No."

I declare that all statement made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true.

Date 6-6-07

By



Christine Jost, Ph.D.

Associate Director

Beth Israel Deaconess Medical Center

**REVOCATION AND POWER OF ATTORNEY
For BETH ISRAEL DEACONESS MEDICAL CENTER**

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**Appendix A
Pending Application**

Serial No.	TITLE	New Atty. No.	Filing Date	Ass'n Reel	Ass'n Frame
10507253	MEDICAL IMAGING SYSTEMS	BIDM-0001-P01	21-Mar 2005	016428	0568